U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing.  Name   W	· · · · · · · · · · · · · · · · · · ·	2 Finant Vess Coursed France	1. File Number U - 11882
3. Name and address of person filling.  Name William Elecubarger  Labor Organization File Number, and address of labor organization.  Name Ross—Boccal Q  Labor Organization File Number DOBBIZ  P.O. Box, Bildg., Room No., if any  Street 139 Coffice LIDR  City Endicated Till Cold Folice Red  City Endicated Till Cold Folice Red  Street IIY CID Folice Red  City Room Cold Till State Library Till Cold Folice Red  Street Till Cold Folice Red  Tip Code +4 OGC SZ  State Library Till Cold Folice Red  Tip Code +4 OGC SZ  A. Held an interest in, engaged in transactions (including loans) with not entered income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  5. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bildg., Room No., if any  Trade Name, if any:  Street  City  State  Zip Code +4  Signature  15. Signature and verification. The undersigned declares, under penalty of Peritury and other applicable penalties of the law, that all of the information of the penalty of Peritury and other applicable penalties of the law, that all of the information of the penalty of Peritury and other applicable penalties of the law, that all of the information of the penalty of Peritury and other applicable penalties of the law, that all of the information of the penalty of Peritury and other applicable penalties of the law, that all of the information of the penalty of Peritury and other applicable penalties of the law, that all of the information of the penalty of Peritury and other applicable penalties of the law, that all of the information of the penalty of Peritury and other applicable penalties of the law, that all of the information of the penalty of Peritury and other applicable penalties of the law, that all of the information of the penalty of Peritury and other applicable penalties of the law, that all of the information of the penalty of Peritury and other applicable penalties of the		2. Fiscal Year Covered From:	The Rumber 0 - 1100
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Labor Organization File Number		4. Name, file number, and address of labor organization.	3. Name and address of person filing.
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Street 139 Cornell DR City Endica 1411 State C4 ZIP Code + 4 060 22 State ZI		Labor Organization File Number 00843 Z	
City	The second secon	P.O. Box, Building and Room Number, if any	P.O. Box, Bldg., Room No., if any
State CA ZIP Code +4 OGC 32 State CA ZIP Code +4 OGC 32  5. Position in labor organization.  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  Signature  15. Signature and verification. The undersigned declares, under penalty of Periury and other applicable penalties of the law, that all of the informatic	e formalista e gilj e e glevolljeg e e e groe e e e editie e e editie e e editie glevolljeg editie meteorije e egyppyerenderse e	Street 114 010 Forse Rd	Street 139 Cornell DR
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15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information		ature	Sign
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 7/15/662	ion of the	ing documents), has been examined by the signatory and is, to the best option on penalties in the instructions.)	submitted in this report (including the information contained in any accompany) undersigned's knowledge and belief, true, correct, and complete. (See the sec

Date

Telephone Number

Name of Person Filing		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (Including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organizat  b. Trust  c. Employer	ion		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value	e of such dealing.		
City ZIP Code + 4	12.a. Nature of interest held	or income received.		
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.  D; willer			
Name WRIGHT Investers  Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Street 440 Wheelers Form Rel City Milford State Cf ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	100		

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

Signature

Date